



# Town of Seekonk Massachusetts Building Department

**SHAWN E. CADIME**  
TOWN ADMINISTRATOR

**NEAL ABELSON**  
BUILDING INSPECTOR

## **Affidavit for Completed Insulation & Weatherization Work**

Date \_\_\_\_\_

Contractor Name \_\_\_\_\_

Building Permit # \_\_\_\_\_

The work located at \_\_\_\_\_ has been completed in accordance with  
(project address)

all current MA Building Codes and Regulations.

The job has been inspected by Mass Save or other program \_\_\_\_\_  
(Program Name)

☐

YES

☐

NO

CSL Holder Name \_\_\_\_\_

Signature \_\_\_\_\_

**This document along with the original permit card are to be returned to the Building Department to close out the permit.**

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